CLAIMS ONLY

Application Number: 10521465

Filing Date:

Applicant(s):

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	1					
~~2~~						
3		1				
4		1				
5		1				
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7		1				
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Total Indep	2					
Total Depend	12					
Total Claims	14					

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	Indep	Depend	Indep	Depend	Indep	Depend
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Total Indep						
Total Depend						
Total Claims						